

THE  
**MEDICAL AND SURGICAL REPORTER.**

No. 762.]

PHILADELPHIA, OCTOBER 7, 1871.

[Vol. XXV.—No. 15.]

**ORIGINAL DEPARTMENT.**

**COMMUNICATIONS.**

**A CASE OF OVARIAN TUMOR, WITH  
ENCYSTED DROPSY.**

By ROBERT BURNS, M. D.,

Of Frankford, Pa.

Mrs. Annie C—, 42 years of age, was of an active, spirited disposition; has been the mother of five children, two daughters and three sons. The second daughter died at the age of 4 months. Her confinements were severe, especially the first, which required the use of the forceps. In former years, when I was her medical attendant, she often complained of dyspeptic symptoms and irregularity of the liver.

About four years ago, her health began to fail, having much pain in the lower part of the abdomen, with tumefaction, which would sometimes subside, then return. For the past eight years she has been under homeopathic treatment, more especially within the past three years, during which time the abdomen has been steadily increasing in size. For the last fourteen months she has been confined to bed, her sufferings being very great; her bowels have been generally regular; appetite tolerably good; occasionally there has been vomiting, of a watery, mucous fluid; the urine has, for the most part, been scanty and of a dark color, which she describes as resembling the color of mahogany; the brain has been generally clear, although the nervous system has often been much agitated, and her distress exceedingly great, rendering life a burden to her.

Consequently, upon their urgent request, I visited her on Sunday, September the 11th, 1870, and found the following condition: The

magnitude of the abdomen beyond anything I could have imagined, the countenance expressive of long and severe suffering, the intellect good, conversation intelligent, color natural, no œdema of face, chest or superior extremities; the abdomen, as above stated, immensely enlarged; the tongue clean, skin rather hot from irritative fever, pulse 100 and weak. The following measurements of the abdomen were accurately made: The circumference around the umbilicus, 5 feet 11 inches; circumference of abdomen in lateral measurement, 6 feet 1 inch; from the ensiform cartilage to the os pubis, 3 feet 3 inches; the knees were covered by the enlarged abdomen, and lower extremities greatly œdematous. The whole surface was very prominently marked with numerous and dark veins. The tension of the abdomen was very great; on percussion and auscultation, the fluid was found to occupy the greater portion of the enlargement.

In the right iliac region the ovarian tumor was perceptible, but was not manifest so distinctly on the opposite side; the solidity which could be traced did not extend to the umbilicus; the whole right side had a dull sound or solid feeling in the situation of the liver, as if it was enormously enlarged; the heart and lungs were normal, the pulse was feeble and difficult to enumerate. After a thorough examination, I explained to her the chances at such a late period of paracentesis; that the shock of evacuating the fluid might cause her to sink, or inflammation might take place from the wound, or the admission of air into the cavity; on the other hand, she might be much relieved of the vast distention of fluid which had become intolerable. Buoyed up by hopefulness and expectation of relief, she was willing to take the risk, for certainly

under existing circumstances, death must soon take place. Her desire for operation was so great that she was perfectly willing and anxiously desirous that I would decide upon it. A week was fixed upon for deliberation. In the meantime the case was mentioned to the Philadelphia County Medical Society, on the 14th of September, when those present considered the operation warrantable. This was reported to the patient and family, much to their satisfaction, and Sunday, the 18th, fixed upon to remove the fluid. Accordingly on Sunday morning, September 18th, at 10 o'clock, I performed the operation of paracentesis, in the presence of my son, student of medicine her homeopathic physician, who came in as I commenced (not, however, by my invitation), the husband, and some female friends of the family.

The patient was placed as much as possible on her right side, and a bandage drawn underneath to be in position when required. The whole abdomen being uncovered, I introduced a trocar  $\frac{3}{4}$  inches long, to which was attached a piece of gum tubing five feet in length. This was held by my son over a large tub, all the air being excluded by compressing its caliber and closing the distal orifice until the fluid should emerge.

The trocar was entered into the linea alba, 2 $\frac{1}{2}$  inches below the umbilicus, at the upper edge of what I considered the tumor. The fluid did not flow when the instrument had entered two inches; but, by directing its point more anteriorly toward the abdominal walls, it was pushed two inches further, when the fluid followed in a full, steady stream, of a dark chocolate color, and continued to do so, without interruption, for one hour and a quarter. During this time, the pulse and heart's action were carefully watched every few minutes, and brandy in tablespoonful doses, with a teaspoonful or two of the following mixture, given every fifteen minutes:

R. Spirit. ammoniæ aromat.,  
 " etheris sulph. comp.,  
 Ext. valerianæ fluidi,  
 Syrup aurantii,  
 Aquæ camphoræ, aa ℥ss. M.  
 Fiat mistura.

The pulse remained steady, being at the commencement 100, and continued so throughout; the heart's action did not waver, although a tremulous action of the fluid seemed as if it might produce feelings of distress, or syncope. The bandage was now pinned tightly around

the abdomen, and from time to time, as the fluid flowed, it was gradually tightened; at the same time compression with the hands on opposite sides was made, in order to direct the fluid toward the canula. When the fluid had ceased to flow, the pulse was 100, and the heart's action undisturbed. The bandage was made as tight as she could bear, and a sling placed around the lower pendulous part of the abdomen in which the tumor rested, which now could be grasped in the hands; the interior portion felt firm, but not very large. The wound was well closed by adhesive plaster, a compress of lint placed over it, likewise secured by adhesive strips. She was ordered to take the brandy and mixture before mentioned, every half hour, unless too much reaction took place, and to have beef-tea every few minutes, and as soon as possible a small cup of coffee, as she showed some exhaustion.

After she was carefully adjusted, I proceeded to measure the fluid, which nearly filled two large wash tubs. It amounted to 70 quarts, or 17 $\frac{1}{2}$  gallons; its density, which was carefully ascertained, being about ten per cent. heavier than water, made an aggregate weight of 151 pounds; still a considerable quantity remained within the sac. At 12 o'clock noon, she felt comfortable; 4 o'clock, P. M., still comfortable; has taken considerable nourishment; ordered the stimulants to be diminished. 11 o'clock, P. M., no change of a discouraging character; advised the strictest quietude of body and mind, and to have nourishment frequently during the night.

September 19.—At 4 o'clock, A. M., I was sent for, as she was supposed to be dying. On arriving, I found her much debilitated, but not otherwise worse; the pulse still remained 100, but very weak, which, I believe, was owing to too little food during the night; she had passed urine freely, and the cedema of the extremities had diminished.

Ten o'clock, A. M., more comfortable; has had no sleep since the operation, but is easy, and no pain, except the unavoidable circumstance of her position and annoyance from clothing, which gives some unpleasantness about the sacrum, which, as yet, could not be examined.

Ten o'clock, P. M., still doing well; no fever; tongue clean; has passed urine freely; limbs much diminished in size; no tenderness of abdomen; has taken nourishment, mixture and brandy-punch; no action of the bowels

for two days; skin cool; expression of countenance more natural; pulse 82; has perspired and slept comfortably for over an hour; adjusted the bandage and rendered her clothing more comfortable.

*September 20.*—Feels refreshed; slept last night about three hours; says she has not had such rest for ten months; pulse 84; appetite good; passed urine twice very freely; since last night, swelling of limbs much abated; tongue clean; no abdominal soreness, except over the region of the liver, which feels enlarged, dislocated, and tender on pressure. (This was not the liver, but part of the tumor occupying its locality.)

*September 21, 11 o'clock A. M.*—Renewed and readjusted the bandage, when examination of the abdomen was easily made, owing to the relaxation of the abdominal walls. In the region of the liver, there was extensive enlargement as far as the os ilii, quite hard, particularly at the lower extremity; the ovarian portion of the tumor was movable, but seemed attached to the peritoneum, extending to the umbilicus, and quite firm; considerable fluid still remains in the abdomen; she feels comfortable, and appetite good.

*September 26.*—The bowels, for the first time since the operation, have been freely moved by magnesia; complains very much of sacrum; for the first time she was turned upon the side, when a slough in process of separation, about 4 inches in diameter, was found over the sacrum. This was penciled freely with carbolic acid and sulphite of soda in glycerine, over which was placed s. cerate and soft compress. Having a troublesome cough, on examination the right lung was found in a state of congestion, dull on percussion and deficient in respiratory murmur, some ronchi and oppressed breathing. Ordered some expectorant syrup and a tonic composed of extract taraxaci, nitro-muriatic acid, spirits of nitre and tincture of digitalis, with the view also of acting upon the kidneys. The puncture in the abdomen is entirely well, no tenderness about it; ordered good diet to be continued, with milk punch.

*October 2.*—(Two weeks after the operation.) She has had a restless night, chiefly owing to the bed sore and cough; she had her bandage and clothing changed; the entire slough was excised, which looked well, with healthy granulation. The above mentioned applica-

tion was continued; the enlarged abdominal veins are obstructed by coagula, feeling like cords. Having arranged her bandage and placed her on the opposite side of the bed, she said, she felt delightfully comfortable.

*October 9.*—(Sunday.) She was thoroughly changed and lifted by means of a sheet and blankets out of bed to a lounge, to have her bed made up, which had not been done for some time; she sustained it well and was replaced without injury; her bed sore looks well and granulating rapidly.

*October 13.*—About 4 o'clock, A. M., she became sick at the stomach and vomited a dark brownish colored material; at 10 o'clock, A. M., much prostrated, unable to speak; she is evidently sinking, from which I do not think she will react; directed her to have carbonate of ammonia mixture, with brandy punch, every 15 minutes if she could swallow it, until reaction, if such might be possible; from her distress and difficulty of breathing, as well as the condition of the abdominal veins, I entertained the idea that emboli might exist in the heart and arteries.

Death took place about 4 o'clock, P. M., October 13th, 1870, having lived 25 days and 5 hours after the operation being performed.

**POST MORTEM.**—On the 14th, the day after death, at the request of the undertaker, about 5 gallons of fluid were removed from the sac, which added to the former, made 22½ gallons.

**EXAMINATION.**—*Sunday, October 16th, 10 o'clock, A. M.*—42 hours after death; accompanied by my son and Dr. B. F. DEACON, part of the time, I opened the abdomen and found the sac in contact with the peritoneum, to which it intimately adhered nearly throughout its whole extent. The omentum major closely adhered to the surface of the sac. By cautiously breaking up the adhesions with the finger, and using the scalpel where they were very firm, I succeeded, in two hours, in removing the whole sac, with the uterus and ovaria, preserving the peduncle, which was attached to and involved the right ovary; the pelvic adhesions were very strong; the intestines were free, but very much compressed; the sac contained 7 or 8 pounds of fluid, which was removed by the sponge-making in all about 200 pounds of fluid, abstracted from this enormous sac.

The viscera of both abdomen and thorax were healthy, but very pale from absence of

blood, which did not amount to two ounces. On removing the heart, there was an embolus in the aorta ascendens of a moderate size, which doubtless was the cause of hastening death, although there was not enough blood to protract existence longer.

### PUERPERAL CONVULSIONS.

By H. L. W. BURRITT, M. D.,

Of Bridgeport, Conn.

Mrs. D., primipara; leucophlegmatic, strong, healthy woman, æt. 17; had been an active, hard-working woman; during gestation complaining, as she said, of some headache and constipation occasionally. I was called to see her August 16th, 9 A. M.; found her suffering with severe pain; os but slightly dilated; had taken a dose of castor oil in the morning, followed by a free operation. Pulse, 80; presentation natural, perfect rest between the pains, occurring once in ten minutes; no excitement, or apparent cephalic disturbance. I left her for an hour or so; found on my return the os well dilated, and everything progressing favorably, when at about 12 M., the head being low down on the perineum, and two or three pains would, I suppose, have finished the labor. At the close of a pain she said suddenly, "I can't see," and lapsed into a terrible convulsion, requiring the strength of two or three persons to keep her in the bed. Being for the first time in months without chloroform and instruments in my carriage, sent her husband for them; cold water, etc., vigorously applied. Not seeming, after ten minutes, to allay the spasm, I, with difficulty, owing to the violent struggling, introduced two fingers into the rectum, and passing back of the neck, pressed the head, supporting the perineum with the other hand, so that in less than a minute the child was born. After a few minutes the convulsion ceased, and the placenta was removed, followed by very free flooding. She was still unconscious, however, but the pupils being dilated, and pulse 120 and very weak, I deferred bleeding, and gave with difficulty 3j bromid. potass. in water.

One-half hour after, she went into a second fit, as severe, apparently, as the first, but, the chloroform being at hand, it was checked in a few minutes, and a bandage was applied to the arm; but I still hesitated, the apparent weakness and unusual flooding seeming to

preclude it; 3ss. more of the potass. was given, and I had left her for a moment, when a third convulsion, and the worst of all, took her. The chloroform was given, and, opening a vein, I bled her to the extent of 20 ounces, until all color had left the face.

She had no return of the convulsions, and the bromide, in twenty-grain doses, every four hours, did good service in quieting her restlessness. She was conscious in about twenty-four hours from the last fit, and has perfectly recovered. The child was a large one, weighing over eleven pounds.

The impression of the bleeding was prompt and marked, the pulse falling from 120 to 95 in fifteen minutes after, and being full and free.

One question for the anti bleeders: Would chloroform have stopped these convulsions without bleeding? If so, is it as safe a remedy? This question is to the point, as many unpublished cases are known to occur where fatal cerebral symptoms, at some days' distance, have been caused by the use of chloroform to allay pain and nervousness in cases of ordinary labor. For one, I cannot regard its free use, in these tedious and rather restless cases, as safe as claimed by many physicians.

### HOSPITAL REPORTS.

#### JEFFERSON MEDICAL COLLEGE.

Saturday, Sept. 16.

Surgical Clinic of Prof. S. D. Gross.

REPORTED BY RALPH M. TOWNSEND, M. D.

#### Spina Bifida.

A little child, aged one year, seemingly healthy in all respects, was presented to the class. Examination, however, revealed a tumor upon the back, situated in the lumbar and dorsal regions, and having a broad base. The child was born with this growth. The tumor is quite soft, easily indented, its surface slightly ulcerated, and the parts around somewhat irritated. This affection is variously designated bifid spine, spina bifida and hydro-rachitis; a congenital affection in all cases.

A cleft in the spine must exist, as a sort of preliminary to a swelling of this kind; the cleft being usually vertical, and extending through but a single vertebra. The fissure may extend through two or even three vertebrae. The lumbar vertebrae are the ones commonly affected; but sometimes we find the fissure as low down as the sacrum, or as high up as the cervical region. An affection of an



analogous character may exist upon the occiput. A protrusion of the theca, or coverings of the spinal cord, follows the fissure, and within the sac we have a collection of the arachnoid or cerebro-spinal fluid. This fluid forms the main bulk of the tumor, and is not coagulable by heat or acids, as it contains but the slightest trace of albumen. It is saline in taste, and often as limpid as the purest spring water. A tumor of this kind will expand with the life and growth of the child, so as finally to acquire, it may be, a bulk as large as the patient's head. It is generally of a flattened, globular shape, and not painful except under extraneous influences.

*Treatment.* So far as is known, an affection of this kind is not amenable to any treatment. Constitutional remedies are entirely out of the question, and local treatment generally aggravates instead of palliating. Sorbifacients, compression, and injection of iodine have all been tried alike unsuccessfully; and surgical procedures, such as excising, laying open the sac, or ligating, have only produced speedy convulsions and dissolution.

If this child be left alone, it may grow to manhood: but the chances are that in a little while these overlying structures will become more inflamed, and convulsions and death will follow in from a few months to a few years.

#### Indolent Ulcer Following a Burn.

Jeremiah Wayland, set. 14 years, has an ulcer, following a burn, on the outer and middle third of the leg. The ulcer is covered by an imperfect grayish pellicle. This scab is formed by the lymph, plasma, or blood liquor; but it is in an aplastic, cacoplastic, or spoiled condition. There is too much inflammation present here; in fact, a diphtheritic condition, similar to that which we find in the fauces or windpipe, exists here. To aid in the production of a better lymph, part and system must be improved.

*Treatment.*—Cover the parts with a strong solution of lead and opium, and with an emollient poultice. Internally:

R. Tinc. ferri chlor. ʒj.  
Quinine sulph. ʒij. M.  
S. Take 20 drops in water three times daily.

#### Old Ulcer.

This patient, a corpulent, rubicund woman, aged 55 years, has a repulsive looking ulcer covering the anterior and lower part of her leg, just above the ankle. She dates its origin from a fracture of the limb, attended with deep contusion of the skin. It has been the source of immense suffering. The ulcer has a grayish, darkish appearance, with here and there a reddish spot, representing imperfectly formed granulations. In this case, as in the previous one, there is too much inflammation. The edge of the ulcer, although not excavated, is hard, indurated and painful. A great amount of plasma is effused in the subcutaneous cellular tissue around the ulcer, swelling the leg greatly and making it feel dense and

resisting. Close examination reveals not one healthy granulation. None of those little round bodies, the size of a pin-head, full of blood, and cells in a state of active proliferation, are present. There is a complete absence of yellowish, creamy, laudable pus; in its place is a sanious, watery discharge, having a marked, disagreeable odor.

*Treatment.*—Reduce the inflammation by rest and elevation of the limb; thus is relieved the crowded and engorged vessels which are unable to retract upon their contents.

A weak solution of nitric acid, three drops to the ounce of water, or a drachm to the quart of water, would be of benefit here. Take an old piece of linen or muslin rag, saturate it in this solution, wring it out, lay it upon the surface of the ulcer, and cover the whole with a good warm flaxseed poultice. Keep the part free from its discharges by means of water from a sponge, dropped frequently. Eat no meat, but let the diet be confined to fresh fish and animal broths, milk, and stale bread.

The lecturer also directed that the patient have in pill form, every night, one and a half grains of powdered opium, as having a tendency to quiet the system, control the heart's action, and manifest a specific effect upon the ulcer. He stated that the opium treatment of these affections was, at the present day, too much disregarded.

The removal of some dead bone from a boy's arm; a sebaceous tumor from another little boy's brow, and the opening of a felon on a woman's finger, completed this interesting clinic.

## MEDICAL SOCIETIES.

### THE MEIGS AND MASON COUNTIES (OHIO) ACADEMY OF MEDICINE.

[Reported by T. CURTIS SMITH, M. D., Secretary, for the MEDICAL AND SURGICAL REPORTER.]

The Academy convened at Middleport, O., September 14th, at 7½ P. M., the President A. L. KNIGHT, M. D., in the chair. The order of business for the evening was reports of cases and discussion of the same.

Dr. D. C. Rathbun, reported an interesting case of progressive locomotor ataxia, the discussion of which was postponed for a future meeting.

Dr. C. R. Reed, reported a case of labor induced at the eighth month by means of Barnes' dilators, which he used for four successive days for a short time each day, taking special care not to rupture the membranes. This was the fifth confinement in this case. The two first were still-births, the next two were instrumental deliveries, labor being retarded by antero-posterior narrowing of the pelvis. In this last instance the forceps had finally to be resorted to, for the purpose of

effecting delivery; both mother and child did well.

Dr. J. Q. A. Hudson, approved of Barnes' dilators for this purpose, and thought labor by them could be brought on more in accordance with nature than by any other method.

Dr. Reed also reported a case of vaginismus which he had treated successfully with the same instruments.

Dr. Rathburn also reported a case of labor induced at the seventh month in consequence of contracted pelvis. This he accomplished by the use of a gum catheter gently manipulated. Labor came on the fifth day, the child being still-born.

Dr. Reed said that in the same case mentioned by Dr. R., there had been several stillbirths, and that in one instance he, with counsel, after careful and persevering efforts, failed to get the forceps introduced. He subsequently learned that her physician in Wales had made a similar failure some years before. The pelvis, in this instance, was narrowed by the sacral promontory.

Dr. Knight reported a case of impacted head, in which he found it impossible to introduce the forceps, and was obliged to resort to craniotomy. The weight of the child was 14 pounds.

Dr. Reed reported a case of hemorrhage during labor from partial detachment of the placenta, which had been under the care of a midwife till the patient had become blanched from loss of blood. Found the uterine contractions very feeble. To increase these he used ice and external pressure, which soon brought on strong contractions, which stopped the flow and soon expelled a dead fetus.

Dr. Hudson remarked that the probabilities were in this case that the placenta was attached low down on what was known to obstetricians as the "dangerous zone" for its attachment, and that the pressure of the descending fetus had much to do in checking the hemorrhage.

Dr. T. Curtis Smith reported a case of placenta prævia in which he completely controlled the hemorrhage by means of a tampon, which consisted in packing the vagina tight and full of small bits of soft muslin, retaining them there till the uterine contractions, aided by external pressure, brought the head down.

He also reported a case of salivary fistula, in which the fistulous opening was situated behind the parotid gland instead of its usual site in the cheek. He had succeeded, up to the present date, in checking the flow of saliva through the fistula, by applying with a fine probe wrapped with cotton and saturated with citrine ointment (ungt. hydr. nitr.), which had caused healthy granulations to spring up and fill the passage, and it had not discharged any saliva for two days. The fistula was of nearly eight years' standing, and resulted from an abscess involving the parotid gland.

Dr. Rathburn reported a perhaps unique case of strangulation of intestine. At the

autopsy there was found an organized band, formed across the posterior part of the pelvis from the ilium to the sacrum, probably the result of a previous peritonitis. Behind this band a loop of intestine was found strangulated, and from this cause death ensued.

Dr. Smith reported a recent case in which he had been called in consultation with Dr. S. Day, of Harrisonville. The patient had died before he reached the house. He had been treated in the early part of the attack by another physician whom Dr. Day had not seen. The diagnosis had been that of colic. But Dr. D. thought it obstruction of the bowel, but was unable to determine the exact nature. Had very properly used opiates to allay pain and vomiting, but patient died in a few hours after he first saw him, the whole illness lasting but forty hours. Dr. S. learned that there had been intense pain in the abdomen, tenderness, constant vomiting, tympanites; at first a strong, moderately full pulse; mental faculties clear; no passage per rectum. Before Dr. Day saw him he had taken large doses of calomel, morphia, and repeated enemata and some cathartic remedies.

The autopsy revealed a contraction of the ilium for six inches in extent, of that portion nearest the ileo-cæcal valve: the diameter of the contracted portion was about one-fourth of an inch. In this was found some grape-skins and emulsified material. Extending from this point toward the stomach, there had been very active inflammation, and part of the bowel was sphacelated. The bowels were distended with gas; no fecal matter in them. He thought the attempts to purge had been very injurious, and that if the patient had received a large hypodermic injection of morphia early, and but little other treatment instituted, and especially the cathartics left off, there might have been some chance for him to recover, but did not think he could have been saved after Dr. Day was called in.

Dr. Reed said, he thought it was the inflammation and not the contraction of the ilium, that caused this man's death. Would have approved the use of morphia hypodermically, but condemned in, unmeasured terms the attempts to induce catharsis in cases of this kind, and similar ones. Thought any man of common sense would not be guilty of giving cathartics in such a case.

Dr. Rathburn approved the remarks of Dr. Reed, and thought the fact ought to be more strongly impressed on many physicians in such cases. Had seen a death result under similar conditions, under the use of cathartics, in the hands of another practitioner, when anodynes were and had been indicated all the time.

Dr. Hudson thought the remarks just made were to the point in this class of maladies, and that it was better for the patient to pass several days without a fecal passage than to increase the inflammation by irritating cathartics.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Sterility.

Dr. SCANZONI, in a late article, discusses the recent doctrines as to the causes and treatment of sterility, especially MARION SIMS' views. He insists that far too exclusive importance is attached to the mechanical hindrances to the meeting of the semen and ova. He says we know little as yet as to the influence of various morbid conditions upon the fertility of the semen and ova. Diseases of the testicle, it is known, sometimes lead to absence of spermatozoa. May not, he asks, the frequent diseases of the ovaries lead to the production of diseased or defective ova? Manifold experience proves that during extreme æmia conception does not take place. Here is a proof that in the case of the ovaries, as in that of other glands, a bad condition of the blood leads to bad secretions—ova incapable of fructification are produced. This defective knowledge of the pathological changes of the seminal fluid and of the ovum is the most important hindrance to a scientific foundation for the etiology and therapeia of sterility.

Another series of difficulties arises when we consider the indispensable locomotion of the semen and the ovum. It is only necessary to call to mind the frequent abnormalities of the Fallopian tubes met with in autopsies—such as congenital or acquired shortenings, dislocations, adhesions—which are completely beyond clinical diagnosis. What do we know as to the condition of the muscular movement of the tube, and as to that of the ciliary processes, or as to the medium in which the semen is received? Scanzoni then puts the case of a typical dysmenorrhœa with narrow os uteri and sterility. The os is split, the dysmenorrhœa is relieved, but the sterility continues. He asks, must it not be admitted that there is here a cause of sterility which lies in other and unknown conditions? This may be granted, but the relief of the dysmenorrhœa is alone a sufficient reason for the operation; and besides, the narrow os being in all probability one cause of the sterility, it is perfectly logical to remove this cause, giving the patient the possible benefit of its being the only cause. Sound clinical reason dictates that we should eliminate all the known complications of a morbid state, and not leave them to harass a patient, because there may be others beyond which we cannot relieve.

Scanzoni goes on to make various objections to prove that the narrowing of the os uteri is

not clearly established as a sufficient or frequent cause of sterility. Thus, how often do we find difficulty in passing the sound through some part of the cervical canal, and yet conception taking place. He cites a case in which conception ensued with a typical conoid cervix with small os, in which no treatment had been used. He says that, after the most careful examination, he has not once been able to satisfy himself that sterility was solely due to an obstruction to the passage of the semen through the cervical canal.

## Papers from the British Medical Association.

The following are abstracts of some of the more interesting papers presented to the last meeting of the British Medical Association:

## Excision of Tongue.

Mr. G. SOUTHAM, F. R. C. S. (of Manchester), read a paper "On Excision of the Tongue." He referred to the difficulty which surgeons frequently experienced in excising the entire organ, or even a large portion of it, for this affection. The safest mode of removal is that by the *écraseur*, but this instrument frequently fails to effect the purpose in consequence of the shape of the tongue, and the peculiar arrangement of the muscles causing the chain of the *écraseur* to slip toward the diseased portion, in which it often becomes embedded before operation is completed. Some cancerous deposit is therefore left, and, though it may not be in sufficient quantity to interfere with the healing of the wound, usually leads to an early return of the affection. To remedy this defect in the operation, Mr. Southam has had constructed a pair of forceps with a movable hinge, which completely grasps the tongue at its root, and confines the action of the *écraseur* to the part where it is first applied. A case was described in which with this instrument, and without making an opening in the floor of the mouth to pass the chain through, the tongue, of which the body was affected with cancer, was excised beyond the foramen cæcum and circumvallate papillæ, these structures being included in the separated portion.

## The Dynamometer in Labor.

Dr. PROTHEROE SMITH read a paper on "Supplemental Mechanical Force during Parturition, regulated by a Dynamometer." After some allusion to the physiology of labor, and to the agents of force exercised in parturition—viz., that of the voluntary and in-

voluntary muscles—the author spoke of the injurious consequences when the normal balance of these powers was disturbed, specially marking the distinction between the capabilities of the uterus and of the trunkal muscles, to obviate which, as well as to subsidize the power at fault, he advocates the judicious employment of artificial force, according to certain rules, by means of his “obstetric pelvic band,” which was described and exhibited. The peculiarity of this instrument is, that it forms, with the pelvis itself, as it were, a solid basis, which, by virtue of its immobility, allows the accoucheur easily to employ the required aid to assist and expedite expulsion, and so, by following the natural movements, manifestly to shorten the period of labor and to lessen its risks. This is regulated by a dynamometer, described and illustrated by a drawing. It is so constructed as to measure and record accurately the force employed, imitating the normal throes when wanting, especially by interrupted efforts like those constituting “the compound character” of such pains. In demonstration of this, Dr. Protheroe Smith narrated a case of labor in which such means were employed, with the result. In this, each pain, as well as the amount and duration of every artificial effort, is recorded, and some valuable calculations and observations were appended from the pen of Prof. Haughton, of Dublin, from which it appears that the force used in parturition is much greater than is generally supposed by obstetricians.

#### Syphilis.

Mr. S. M. BRADLEY, F. R. C. S. (of Manchester), read a paper “On the Unity of the Syphilitic Poison.” Mr. Bradley commenced by showing that in order to demonstrate the unity of the syphilitic poison, it was necessary to produce a soft sore upon a virgin subject, by direct inoculation from a hard infecting sore; to produce, in other words, a sore indefinitely capable of auto-inoculation, but never followed by constitutional symptoms, from a sore which was (very generally) incapable of auto-inoculation, and which was followed by constitutional taint. He went on to say he had made numerous experiments to ascertain whether this interchange did or did not ever occur, and with the results which are now made public. His subjects were monkeys, kittens and guinea-pigs; the virus he employed was obtained from cases of syphilis met with in private practice in the Lock Hospital, and in the venereal wards of the Manchester and Chorlton Workhouses. He obtained the matter for inoculation by scraping the surface of the sore prior to cicatrization, with either a piece of glass or an ivory vaccination point. The great majority of the experiments gave negative results. In two instances, however (one in a guinea-pig, and one in a kitten), the inoculation was followed after the interval of two or three weeks by local thickening at the site of puncture, and

later by the outbreak of constitutional symptoms. The guinea-pig died within a month from the commencement of thickening, with disorganization of one eye, and extensive ulceration about the mouth, and soft palate; in the kitten, killed at the end of the eighth week, were found gummata in the kidney and liver. Omitting failures, and the two cases of syphilis mentioned above, he obtained three successful results, the details of which were given.

In these experiments, the initial lesion was never irritated by any application; Mr. Bradley merely used the secretion obtainable from the surface of the untreated sore. When the sore was irritated by saline, it was comparatively easy to procure abundant and as a rule, ready inoculable pus. He never succeeded in obtaining positive results with matter taken from a phagedenic sore, or with scraping the surface with one which was entirely void of all secretion. Mr. Bradley proceeded to draw a parallel between the two forms of syphilis and the evolution of the vegetable parasites, or epiphytes; alluding to the fact that all the fungi infecting the human subject are interchangeable, and mutually producible, and yet, as a clinical fact, it was well known that this interchange took place but very rarely—it seemed probable to him, indeed, that the same causes which operated in this low region of the vegetable kingdom (i.e., differences in the soil and in the age, etc., of the seed) were also the efficient causes in determining the character of the syphilitic sore, although we were not yet in a position to decide the precise force which each of these causes possesses.

#### Laryngeal Growths.

Dr. MORELL MACKENZIE read a paper entitled “Growths in the Larynx: the Comparative Advantages of Laryngoscopic Treatment, and Direct Incision into the Larynx.” He stated that the relative advantages of these two methods must be considered in relation (1) to the quickness of cure, (2) completeness of removal and probability of recurrence, (3) danger to life, and (4) restoration of voice. From an experience of 100 cases treated, a month was estimated to be the average duration of laryngoscopic treatment. External treatment, on the other hand, required only a fortnight. As regards the second question, complete removal was able to be effected in 97 per cent. of the cases which underwent the full course of laryngoscopic treatment, and recurrence took place in about 7 per cent. In 28 cases of direct incision, collected from all sources, 10 died in a short time, and in the remaining 18 the growth was incompletely removed in 3 cases, and recurrence took place in 3 cases, or, in other words, in 20 per cent. As regards danger to life, no death occurred in the laryngoscopic case, whereas, of the 28 treated by external operation, 3 immediately terminated fatally, 6 died at the end of a few months, and 1 from an independent disease.



Oct. 7, 1871.]

Periscope.

317

With reference to restoration of function, perfect voice was regained in 77 per cent. of those who underwent laryngoscopic treatment, and a more or less serviceable voice was restored in 16 per cent. Of the eighteen patients who survived direct incision more than a few months, only 9 completely recovered their voice, 4 had persistent hoarseness, and 6 permanent aphonia. Consideration of the above statistics establishes the permanent value of laryngoscopic methods of treatment, and justifies one in saying that extra-laryngeal treatment ought never to be adopted unless there be danger to life from suffocation or dysphagia.

#### Vaccination.

Dr. DAVY read a paper on "Jenner and his Teachings." It is designed to prove, from the early writings of Jenner, that we, of this day, have failed to practice vaccination after the manner, or rather in the light, of the first great teacher of the art; that we have ignored the preliminaries to which he attached very much importance; that Jenner doubted the virtue of the vaccine lymph after even five gradations, after its passage through but five persons or children successively, and that he thought it prudent, after only five gradations, to seek other and fresh lymph from the cow or heifer.

#### Female Complaints.

Dr. J. H. AVELING read a paper "On the value of Arsenic in Menorrhagia and Leucorrhœa." He believes that this remedy has not received from the profession the attention it deserves. Dr. Henry Hunt used it successfully in uterine disorders, and published his experience in 1838. Dr. Aveling has employed it in cases of menorrhagia for twelve years with great advantage. Besides improving nutrition, respiration, and secretion, he finds it to have a powerful decongestive action upon all mucous membranes. He administers small doses of arsenic, either in solution or in granules, and continues them for weeks or months, as the necessities of the case may require. He believes the forms of menorrhagia and leucorrhœa most amenable to the arsenic treatment are those which have their origin in a hyperæmic condition of the uterus, which state the remedy cures by acting as a tonic and stimulant upon the vaso-motor nerves, causing the capillaries to contract and expel the superabundant blood.

#### Uterine Tumors.

Dr. ALFRED MEADOWS read a paper "On the Treatment of Fibroid Tumors of the Uterus," in which he combatted the notion that these growths can be in any way diminished in size, still less cured, by any known therapeutical agent. He advocated more frequent resort to surgical treatment, expressing his belief that much more might be done in many of these cases than has been hitherto. Even in the sub-peritoneal variety he thought that, in cases where much distress exists, ab-

dominal section ought to be resorted to more frequently; while in the interstitial and sub-mucous forms, it ought to be the rule in practice always to endeavor to assist nature in her method of cure—viz., by expulsion. For this purpose three objects should be kept steadily in view. 1st. That all obstruction should be removed by freely dividing the cervix in several directions. 2nd. That the tumor should be separated from its attachments, not necessarily all at once, but by successive stages. 3rd. That as far as possible continuous uterine action should be maintained by the exhibition of ergot and other oxytocic agents.

#### Typhoid Fever.

Dr. CLIFFORD ALLBUTT read a paper on "The Lesions of Enteric Fever as an Occasional Cause of Permanent Injury to Nutrition," in which he drew attention to the convalescence from enteric fever, which is well known to be often so tedious; and he raised the question whether the specific lesions of that disease, affecting as they do the instruments of absorption, might not sometimes be the cause of permanent marasmus. In enteric fever the local mischief falls not only upon the patches of Peyer in the ilium, but spreads itself throughout the network of the mesentery. If a rat be fed upon tallow candles and then killed, the presence of the fat in great quantities in the mesenteric network and glands shows how active is that system in taking up this element of nutrition. Any disease, therefore, which interferes with this system, like enteric fever within it, or chronic peritonitis outside it, would have its visible effect in hindering the absorption of fat and in preventing the laying on of adipose tissue. These considerations occurred to the author in consequence of his advice being sought in several cases of marasmus, pure and simple, without local disease, without fever, and without adequate loss of appetite. In all of these a severe attack of enteric fever had preceded the marasmus. The patients, who were almost denuded of all adipose tissue, had, previous to the attack of enteritis, been in good health. The only explanation which he could give of these cases was, that the fever had acted upon the fat-collecting system in the way already pointed out.

#### Uterine Hemorrhage.

Dr. BRAXTON HICKS read a paper "On a Rare Form of Hemorrhage." After quoting the remarks of Dr. Blundell on a form of concealed hemorrhage, caused by the falling down of the membrane, and consequently the retention of blood within the uterus, he brought forward three cases in which, the membranes remaining attached all round the lower portion of the uterus, and blood being effused between the upper part of the uterus and the membranes and margin of placenta, the membranes and a portion of the placenta were inverted so as ultimately to be driven

through the os into the vagina some distance, imitating the bag of membranes in a twin case after the birth of the first child. The uterus in the meantime became distended with blood, and serious symptoms arose without any sign externally. The treatment was pointed out, and some short remarks made on the mode of expulsion of the placenta.

Dr. J. HUGHLINGS JACKSON read a paper on

**Tumor of the Middle Lobe of the Cerebellum.**

This case was observed in the London Hospital by the author and Mr. Stephen Mackenzie. There was found, on *post mortem* examination, a tumor of the middle lobe of the cerebellum, which had pressed on the corpora quadrigemina and on the veins of Galen. There was also a small tumor of the right corpus albicans. Much fluid was found in the cerebral ventricles, and the horns of the lateral ventricles were greatly dilated. The chief symptoms during life were—(1) enlargement of the head, (2) double optic neuritis, and (3) reeling gait, followed by permanent rigidity of the legs and paroxysms of convulsions somewhat like those of tetanus. These seizures, the author supposed, furnish some evidence in support of the view that the changes in tetanus are in the cerebellum. The author referred to cases of a like kind, and particularly to one by Dr. Gull, and to one by Mr. Warren Tay, in which a like diagnosis had been made.

Dr. J. F. PAYNE read a paper  
On the Nervous Origin of Certain Cutaneous Affections.

Certain affections of the skin were more or less generally acknowledged to be governed in their distribution by the distribution of nervous structures, and were therefore presumably due to some abnormal nervous activity. Among these were more especially noticeable herpes, or herpes zoster, and that peculiar local induration of the skin called morphea. In a case of each of these complaints, described in the paper, the cutaneous manifestations were associated with affection of the motor part of the nervous apparatus. In a case of herpes in a child, affecting the right lower extremity, and corresponding to the superficial branches of the anterior crural nerve, the appearance of the eruption was preceded for three days by temporary hemiplegia of the same side. The other case was that of a child suffering from hemiplegia, with some permanent contraction and occasional spasmodic movements of both the upper and lower limb, and in whom part of the skin of the face of the same side was affected with local scleroderma or morphea. The skin of this part was hard and white, neither raised or depressed; and the alteration was thought to be confined to those parts of the integument supplied by the superficial branches of part of the fifth cranial nerve. In both these cases the peripheral nervous affection giving rise to

the skin disease appeared to be dependent on some morbid condition—in the one case temporary, in the other chronic, of the nervous centres; and that this explanation might be applicable to other cases.

**Heat Generated in the Blood.**

Dr. ARTHUR GAMGEE read a report "On the Heat Generated in the Blood during the Process of Arterialization." He reviewed the various opinions on the subject which had been entertained, and noticed the experiments of Dr. Davy, which he said were probably valueless. On the other hand, Dr. Christison, in his accurate experiments, had ascertained heat was not materially involved during the process of arterialization. The specific heat of blood was absolutely the same as that of water. Dr. Gamgee described experiments made by himself, several of them in conjunction with Professor Tait. The earlier experiments he made were unsatisfactory, and no positive proof was obtained of the heating of blood when it absorbs oxygen. He then gave a description of experiments made this year with a complicated but improved apparatus. The results were, that an amount of shaking might be performed as to arterialize blood without the temperature being affected; when venous blood was agitated with hydrogen no heating of the blood resulted, but there was always a slight evolution of heat when the blood was shaken with oxygen. Professor Tait, who had repeated the experiments, authorized him to say that they appeared to him to be perfectly correct.

**Rheumatism.**

Mr. DE BERDT HOVELL read a paper "On the Different Therapeutic Indications of Rheumatism and Neuralgia, together with some Remarks on Rheumatism as a sequel to Diphtheria." He said that both rheumatism and neuralgia are conditions of ill-health attendant on low or depressed nerve power; both are highly susceptible of pain. In rheumatism the first object to eliminate the lactic and other allied acids from the blood, and to reduce the excess of fibrine; in neuralgia, on the other hand, to supply the deficiencies of the blood, adopting the opinion of Dr. Bence Jones, that the absence of quinoidine is the cause of malarious neuralgia. Similar treatment is called for in the neuralgia of exhausted nerve power, in that of old age, and from organic disease. Both diseases are liable to aggravation from intestinal irritation, and neuralgia from carious teeth and other forms of diseased bone. In both diseases the susceptible condition of the nervous system calls for relief by some form of narcotic, &c. Acute rheumatism has frequently been observed to follow diphtheria, in which case it is important to ascertain that the urine is free from albumen before adopting the blistering treatment of Dr. Herbert Davies. Assuming that there is excess of fibrine in the blood in diphtheria as well as in rheumatism, canthar-

ides has been found to check elimination by the kidneys, and so to aggravate the symptoms, especially the cardiac complications. In this class of cases iodine and the iodide of potassium are specially advocated.

#### Remarks on Spiritualism.

Dr. T. ALLEN, president of the section of anatomy and anthropology of the British Medical Association, said in his recent annual address: I cannot conclude these observations without adverting to one aspect in which it might be thought that biological science has taken a retrograde rather than an advanced position. In this, I do not mean to refer to the special cultivators of biology in its true sense, but to the fact that there appears to have taken place of late a considerable increase in the number of persons who believe, or who imagine that they believe, in the class of phenomena which are now called spiritual, but which have been long known—since the exhibitions of Mesmer, and, indeed, long before his time—under the most varied forms, as liable to occur in persons of an imaginative turn of mind and peculiar nervous susceptibility. It is still more to be deplored that many persons devote a large share of their time to the practice—for it does not deserve the name of study or investigation—of the alleged phenomena, and that a few men of acknowledged reputation in some departments of science have lent their names and surrendered their judgment to the countenance and attempted authentication of the foolish dreams of the practitioners of spiritualism, and similar chimerical hypotheses. The natural tendency to a belief in the marvelous is sufficient to explain the ready acceptance of such views by the ignorant; and it is not improbable that a higher species of similar credulity may frequently act with persons of greater cultivation, if their scientific information has been of a partial kind. It must be admitted, further, that extremely curious and rare, and to those who are not acquainted with nervous phenomena, apparently marvelous phenomena present themselves in peculiar states of the nervous system—some of which states may be induced through the mind and may be more and more liable to recur, and greatly exaggerated by frequent repetition.

But making the fullest allowance for all these conditions, it is still surprising that persons otherwise appearing to be within the bounds of sanity, should entertain a confirmed belief in the possibility of phenomena which, while they are at variance with the best established physical laws, have never been brought under proof by the evidence of the senses, and are opposed to the dictates of sound judgment. It is so far satisfactory in the interests of true biological science that no man of note can be named, from the long list of thoroughly well-informed anatomists and physiologists, who has not treated the belief in

the separate existence of powers of animal magnetism and spiritualism, as wild speculations, devoid of all foundation in the carefully tested observation of facts. It has been the habit of the votaries of the systems to which I have referred to assert that scientific men have neglected or declined to investigate the phenomena with attention and candor; but nothing can be farther from the truth than this statement.

Not to mention the admirable reports of the early French academicians, giving the account of the negative result of an examination of the earlier mesmeric phenomena by men in every way qualified to pronounce judgment on their nature, I am aware that from time to time men of eminence, and fully competent, by their knowledge of biological phenomena, and their skill and accuracy in conducting scientific investigation, have made the most patient and careful examination of the evidence placed before them by the professed believers and practitioners of so-called magnetic, phreno-magnetic, electro-biological, and spiritualistic phenomena; and the result has been uniformly the same in all cases when they were permitted to secure conditions by which the reality of the phenomena, or the justice of their interpretation, could be tested, viz., either that the experimenters signally failed to elude the results professed, or that the experimenters were detected in the most shameless and determined impostures.

#### Theory of Nervous Force.

A recent book by Dr. CHARLES B. RADCLIFFE gives his novel views on the source of nerve power. He thus sums them up:

"Instead of regarding the state of action in nerve and muscle as a manifestation of vitality, there is, indeed, reason to believe that it must be brought under the dominion of physical law in order to intelligible, and that a different meaning, also based upon pure physics, must be attached to the state of rest.

"There is reason to believe that all kinds of electricity act upon nerve and muscle by way of charge and discharge, the charge antagonizing, the discharge permitting, the state of action.

"There is reason to believe that the blood acts upon nerve and muscle, not by causing the state of action, but by antagonizing it.

"There is reason to believe that 'nervous influences' act upon nerve and muscle, not by causing the state of action, but by antagonizing it.

"The whole case is simple enough. It would seem, indeed:

"(1) That the sheaths of the fibres in nerve and muscle are capable of being charged like Leyden jars, and that during the state of rest they are so charged.

"(2.) That the sheaths of the fibres are highly elastic.

"(3.) That the fibres of muscles are elongated during the state of rest by the charge with which their sheaths are charged, the mutual attraction of the two opposite electricities disposed, Leyden-jar-wise, upon two surfaces of the sheaths, compressing the elastic substance of the sheaths, and so causing elongation of the fibre in proportion to the amount of the charge.

"(4.) That the muscular fibres contract when the state of rest changes for that of action, because the charge which causes the state of elongation during rest is then discharged, and because this discharge leaves the fibres free to return, by virtue of their elasticity simply, from the state of elongation in which they had been previously kept by the charge, and the degree of contraction is proportional to the degree of elongation previously existing.

"(5.) That the fibres of nerve are not affected in the same way as the fibres of muscle by the charge and the discharge of electricity, because the sheaths of the fibres may be wanting in the requisite degree of elasticity.

"(6.) That the blood antagonizes the state of action in nerve and muscle by helping to keep up the natural electrical charge which antagonizes action.

"(7.) That 'nervous influence' antagonizes the state of action in nerve and muscle by helping to keep up the natural electrical charge which antagonizes action.

"(8.) That diminished efflux of blood to certain nerve centres leads to successive action in nerve and muscle by disturbing the electric equilibrium of the nervous system which is maintained during the state of rest, this disturbance causing a partial reversal in the relative position of the two electricities with which the sheaths of the fibres are charged, and so necessitating the discharge which is the basis of the state of action; for by this partial reversal, sheaths of which the charge has become negative at the sides and positive at the ends, and brought into juxtaposition with sheaths, of which the charge remains positive at the sides, and negative at the ends—and brought into a relation which necessitates discharge, for discharge must happen when opposite electricities come together."

#### Chances of Life in Ovarian Tumor.

Dr. ATTHILL, in his lectures in the *Press and Circular* (Dublin), gives the following statistical information:

The most reliable data from which we can form an estimate as to the probable duration of life in the cases of cystic disease of the ovary, are those supplied from the tables of Mr. STAFFORD LEE. Of 123 cases tabulated by him, nearly a third died within a year, and rather more than one half within two years, from the date at which the first reliable symptoms of the disease were noticed, a duration hardly longer than that of cancer, while but seventeen lived for nine years or

upward; of these seventeen one survived for fifty years. From these tables we may fairly assume that the duration of life in cases of the disease under consideration is unlikely, on an average, to exceed three or four years. As a rule, you may consider that the chance for life being prolonged is in an inverse ratio to the rapidity of the growth of the tumor, for if this be rapid, the patient will speedily be worn out and die, exhausted no less by the distress caused by the size of the tumor itself, even should no inter-current attack carry her off after a brief illness.

The simple unilocular form seldom becomes dangerous to life, till the tumor by its great size interferes with respiration, and by its pressure impedes the abdominal viscera in the due performance of their functions. When this stage is reached if with view of relieving the patient's sufferings we have recourse to tapping, we may actually accelerate the fatal termination of the case. The drain on the system caused by the refilling of the sac, increasing the previously existing exhaustion.

The rupture of a cyst is another possible cause of death; this seems to be more likely to happen in the multilocular than in the unilocular tumor, but it certainly is not of very frequent occurrence; in all these cases there is a great proneness to inflammation of the abdominal and even thoracic viscera, and an attack which would in others be of no importance, becomes when supervening in the patient suffering from ovarian dropsy, a very serious matter, and therefore not a few die of disease not directly connected with the original malady, but which is not the less on that account chargeable with the result.

The certain and speedy death which, in the majority of cases, awaits the sufferer from ovarian disease, has decided surgeons to attempt its cure by the extirpation of the diseased organ. The question, then, which, in each case, has to be decided, is, will the patient, if left alone, have a fair chance of being one of the fortunate twelve who, out of every one hundred, may be expected to live for ten years or upward, or one of the eighty-eight who, if not operated on, must, in a third of that time, be consigned to their graves? In deciding on this momentous question, we should never for one moment lose sight of the fact that there are but two possible terminations to operations for the extirpation of ovarian tumors—the one being perfect recovery, the other speedy death.

#### Quinine, Quinodine, and Cinchonine.

Dr. J. B. HAMILTON (*Indian Medical Gazette*, March 1, 1871) gives the result obtained from the use of quinine, and cinchonine, as prophylactics against malarial fevers. He divided the troops under his care into three parts, each part to receive but one of these alkaloids. Every man took three grains of quinine, quinodine, or cinchonine, as the case



might be, and such cases of malarial fever as were developed were treated with the same alkaloid as he had been taking as a prophylactic. After giving the results of the trial, Dr. Hamilton concludes:

From the above facts it would appear that quinine ranks highest as a prophylactic, as the men treated with it show only 7.7 per cent. of admissions.

Quinine ranks next, giving 8.7 per cent., and cinchonine undoubtedly last, showing 19.4 per cent. of admissions.

It must also be borne in mind that these men were all under exactly the same conditions, as to residence, food, clothing, exposure, night duty—in fact, three bodies of men more evenly situated in every way could not be found.

Now, as regards the immediate action of the drugs, an undoubtedly tonic effect was produced by all.

The action of quinine is so well understood, that it would be superfluous to touch on it.

Quinine seems to act nearly in every way in a similar manner to quinine, and the cases treated with it in the ordinary way yielded as readily to the equivalent doses as they would have done if treated with quinine.

Some complaints were made of diarrhoea having been caused by it, but on investigating them I came to the conclusion that they were all due to other causes, chiefly climatic, and that, on the contrary, the number of admissions from diarrhoea was very low, being only three for the months the drug was being given in the whole battery.

Cinchonine did not give such favorable results; no doubt it has a certain amount of tonic, prophylactic, and anti-periodic power, but it was less efficacious and certain in its effects, requiring larger doses than either of the others; the paroxysms of fever returned oftener, and in many cases I had to omit it and finish the cure with ordinary doses of quinine.

## Reviews and Book Notices.

### NOTES ON BOOKS.

A work which every reader of medical literature will highly prize is being prepared by Dr. TONER, of Washington. It is an Index of American Medical Periodical Literature, and will embrace the whole of the regular medical journals which have ever been published in this country. All who have attempted to make researches on any scientific subject will appreciate the value of such a work, and we believe that the profession will warmly welcome it when it appears.

"The Clinic" is the title of a medical weekly which has been started in Cincinnati. Dr.

JAS. T. WHITTAKER is the editor, and there are nine associate editors. As the profession in Cincinnati are erudite and active, and embrace quite a list of good writers, we expect to see them maintain their paper with ability; and we hope they will also meet with pecuniary success, though our experience does lead us to harbor some doubts on that point.

Professor VIRCHOW's latest publication is a description of some lacustrine dwellings, which he discovered while taking his vacation this summer. For in leisure hours the professor is quite an enthusiastic antiquarian, and this is by no means his first publication on the subject.

### BOOK NOTICES.

Odd Hours of a Physician. By John Darby. Philadelphia: J. B. Lippincott & Co., 1871. 1 vol., 12 mo., cloth, pp 256.

A character in one of Goethe's minor novels is about to tell a story. An auditor asks, "What is its subject?" "It tells," replies the narrator, "of everything, and of nothing."

This is the precise character of the work before us. It tells the author's opinions of medicine, religion, slavery, philosophy, house-building, business, life, death and bigamy, and as those opinions are somewhat commonplace and carelessly expressed, the reader learns little from their perusal.

The author ingenuously informs us that the work appears under an assumed name, as he feared if published under his own it might hurt his practice (which he imparts to us is \$6,000 a year); and further, that the publishers assume all risk of the publication. We are sorry for them, and commend the author's prudence, for a work more likely to secure an early death we have not lately seen. His learning may be judged from his original derivation of malaria "*malus* bad, and *aria* air," and his statement that Dr. CABANIS' celebrated work "*Rapports du Physique et du Morale de l'Homme*" was published "one hundred and twenty odd years ago" (p. 111), when, as every one ought to know, it was first published within the present century.

We have marked a number of other blunders equally careless, but spare our readers further comments.

**The Teeth, and How to Save Them.** By L. P. MEREDITH, M. D., D. D. S. "Tibi seris, tibi metis." Philadelphia: J. B. Lippincott & Co., 1871. 1 vol., 12mo., pp. 271. Illustrated.

The proper care of the teeth is a highly important department of personal hygiene, and yet, as Dr. MEREDITH observes, so little has it interested dentists, that hardly a volume can be found which teaches, in a plain and perspicuous manner, what the rules are, which one should observe, in this respect.

This want is well supplied by this little volume. It impresses us as having been written by one acquainted with what the public really wish to know, and who has the tact to present scientific truth in lucid and correct popular phraseology. The highest object of medicine is the *prevention* of disease; and it has, on several occasions, lately, been thrown up to the dental specialists that they interest themselves very slightly about this branch. Here, however, the lay reader may learn how to ward off caries, and to postpone his visit to the dental chair.

We question the propriety, however, of telling a patient to copy off a prescription, written in bad Latin, and in pharmaceutical abbreviations and signs (as that on page 146), and have it prepared for himself. If prescriptions are given for the public, they should be written fully out, in English. We may add that a clearer impression from the type would improve the appearance of the book.

**Transactions of the Indiana State Medical Society, 1871.** Indianapolis: for the Society. 1 vol., 8vo. Pp. 249.

This report contains quite a variety of good articles, and were the rule inflexibly enforced that no article appearing in such a volume should be published simultaneously in medical journals, volumes of the kind would merit an extended list of subscribers. As it is, they are so frequently filled with second-hand goods, that much of their worth is diminished.

Besides the usual addresses, etc., the volume contains articles on placental expression, by Dr. T. PARVIN; on anaesthetics in midwifery, by Drs. D. CLARK and L. P. YANDELL; on chloroform and chloral in the treatment of puerperal convulsions; on the prevailing diseases of the Seventh Congressional District, Ind., by Dr. J. M. C. ADAMS; on paralysis of accommodation of the eye, by Dr. C. E. WRIGHT; on the responsibility of physicians, by Dr. WM. LOMAX; on the prevention and treat-

ment of laceration of the perineum, by Dr. T. B. HARVEY; a case of muscular atrophy, by Dr. V. KERSEY; the nature and cure of disease, by Dr. G. N. DUZAN; influence in disease of the nervous system, by Dr. R. E. HAUGHTON; on bromide of potassium, by Dr. W. J. ELSTON; self-pollution in children, by Dr. H. P. AYRES; on exophthalmic goitre, by Dr. G. W. H. KEMPER; on the treatment of the criminal insane, by Dr. T. M. STEVENS; on the progress of medicine, by Dr. JAMES F. HUBBERD; and a biographical sketch of Prof. JOHN S. BOBBS, M. D., one of the former presidents of the society, and of whom a portrait is given, by Dr. G. W. MEARS.

**A Practical Treatise on Fractures and Dislocations.** By FRANK HASTINGS HAMILTON, A. M., M. D., L. L. D., etc. Fourth Edition, revised and improved. Illustrated with three hundred and twenty-two wood-cuts. Philadelphia: Henry C. Lea, 1871. 1 vol., 8vo., pp. 786.

This classical work will be welcomed in its new edition by a large corps of readers. As the recognized authority on the subjects to which it is devoted, we are glad to see that the author spares no pains in incorporating in it whatever surgical improvements and discoveries are suitable to its pages. The changes include the omission of a number of discussions of minor interest, the exclusion of obsolete forms of apparatus, the introduction of more practical observations, and the description of improved appliances. A number of new wood-cuts, nearly one-fourth of the whole number, have been introduced.

#### Medical Pupils in India.

REV. J. L. HUMPHREY, a missionary of the Methodist Church, writes from Nynsee Tal, in India, as follows:

"I am very much engaged in the instruction of my medical pupils. I trust eight or nine will pass their examination as native doctors in October. Then they will be located in various parts of the district, and work as medical missionaries. The salaries of two of them are provided for by friends here, and two dispensaries are to be provided; one is already built; the other is to be built soon. You see I am full of work.

"*Hospitals.*—I have charge of five hospitals, in all of which probably 20,000 patients are treated annually."

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 7, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## AIR AND WATER POISONING.

The problems of sanitary supervision are constantly increasing in magnitude, and are, in our opinion, certainly destined to take rank before all others which concern the medical profession. Every day indicates an extending interest on the part of the intelligent public, and we know no worthier task which a physician, capable to perform it, can undertake, than to disseminate widely in popular form all possible information as to the prevention of disease.

A gigantic question is that which refers to the utilization of waste products. Usually they pass to some running stream. This but changes the scene of their bad effects. In Chester, England, a few weeks since, some startling statements were made as to the impurity of the river Alyn, one of the streams flowing into the Dee. Tar, petroleum, and other noxious ingredients from various oil manufactories on the small streams are frequently seen floating upon the Alyn, and clinging in large masses nearly an inch thick to the bushes which overhang it. The farmers in the neighborhood are unable to use the stream for the purpose of watering their cattle, and at a distance of seventeen miles from the point at which the impurity found its way into

the water, the stench after rain was almost unbearable; the horses would not drink of the water. The stench was not so perceptible lower down, where the water was more quiet, but as the Alyn entered the Dee, a short distance from the place whence the water supply of Chester was derived, there could be no doubt whatever of its injurious effect upon the citizens.

Instances of this sort are abundant in this country. The remedy is two-fold; in the utilization of waste products in other arts or at last as fertilizers, and in disinfecting them. The British periodical called the *Chloralum Review* (partial authority, perhaps) calls attention to the fact that in August, the Public Health Department of the Corporation of Dublin were occupied in disinfecting the foreshores of the Liffey, which bisects their city. This river has long been notorious as a source of odor as vile and as numerous as those which offended the nose of the poet Coleridge during his celebrated visit to Cologne. The foreshores are left high, but not dry, for several hours daily, and during this time they exhale, in warm weather especially, a very bad odor. They were cleansed of the foul deposits of mud and filth, and disinfected by chloralum, at the rate of one pound per twenty-five square yards. The experiment proved, says the *Review*, perfectly successful.

On a large scale the result might not be so gratifying, but even in a small degree it is highly advisable to employ disinfectants.

The waste products which escape into the air are not less noxious than those which poison the water. We utterly deny the shallow reasoning of those who maintain that because, for example, the workmen in a bone boiling establishment present a tolerably healthy appearance, therefore the nauseous odors it scatters around, are innocuous.

The workmen are usually at the outset vigorous men, they are rendered partially insensible to the foul atmosphere by habit, and if they sicken, they leave and others take their

places. Hence their appearance is no proof whatever of the innocence of foul odors. The sewer cleaners of London are as hale as other workmen. But for that reason, does any one claim that sewer emanations are not most poisonous?

We are forced to say that Health Boards, in this city and elsewhere, evince culpable negligence in disposing of such nuisances where much capital is involved. The public health and comfort is far more important than a few thousands of capital.

Every careful hygienist knows—if he will be impartial—that air laden with organic matter partly disorganized, especially with the empyreumatic oil given off by animal fats when subjected to a high heat, is irritating and poisonous. Such substances are constantly floating in the air around candle works, tallow-rendering establishments, and bone-boiling vats. In England an action at common law can be held against such nuisances. In Philadelphia lawyers, and Health officers are alike indifferent to them.

Few consider the enormous mortality which is directly traceable to these sources. We have recently noticed some of the observations of the medical officer of the Privy Council of Great Britain on this subject.

His report estimates that the deaths which occur in that country are fully a third more numerous than they would be if our existing knowledge of the chief causes of disease were reasonably well applied throughout the country; that of deaths, which in this sense may be called preventible, the average yearly number in England and Wales is now about 120,000, and that, of the 120,000 cases of preventible suffering which thus in every year attain their final place in the death register, each unit represents a larger or smaller group of other cases in which preventible disease, not ending in death, though often of far-reaching ill effects on life, has been suffered. And while these vast quantities of needless animal suffering, if regarded merely as such, would be matter

for indignant human protest, it further has to be remembered, as of legislative concern, that the physical strength of a people is an essential and main factor of national prosperity; that disease, so far as it effects the workers of the population, is in direct antagonism to industry; and that disease which effects the growing and reproductive parts of a population, must also in part be regarded as tending to deterioration of the race.

The law should, in all instances, be willing to support with its full strength the attempts of physicians to improve the health of the community; and medical men should not be deterred by the fear of offending capital, nor yet by the groundless and plausible theories which the interested will always urge in order to preserve some old abuse.

Any odor sufficiently marked to induce even slight nausea and headache in ordinary persons breathing the air though which it is disseminated, is unquestionably poisonous, and whatever causes it is a nuisance, and should be abolished. Dr. PARKES, the eminent writer on hygiene says "The breathing of slightly vitiated air even for a few hours produces increased temperature, quickened pulse, furred tongue, loss of appetite and thirst, for even forty-eight hours afterward." We know that these symptoms result from the alleged innocent emanations above alluded to, and we claim therefore that intelligent hygiene demands their abatement in every thickly-settled neighborhood.

#### THE MARCH OF THE CHOLERA.

The threatened epidemic of Asiatic cholera has, as heretofore, been gradually approaching over the great lines of travel from Hindostan westward. In 1867 it broke out in that country with sudden violence, and proceeded west by two routes. The first advance has been traced along the great northern Persian route by way of Cabul, then due west to Herat, Meschid and Teheran, and south of the Caspian Sea to Tabreez. From this city the



disease, it is reported, advanced northward between the Caspian Sea and the Black Sea to Tifl-just, south of the Caucasus, and then traveled northward into Russia, gradually reaching Astrakhan, at the mouth of the Volga. It is believed that the cholera started on its course through Middle and Eastern Russia from Tabreez by the route just mentioned to Astrakhan, rather than from Orenburg.

The second column of the epidemic cholera, it is believed, left Tabreez, and passing westward reached Trebizonde, the great port of the south-western coast of the Black Sea. From Trebizonde, in the past history of the cholera, the disease has frequently passed along the southern shores of the Black Sea, but in 1869 the epidemic seems to have crossed over to Taganrog, at the mouth of the river Don, and at the head of the Sea of Azof. Taganrog has a population of ten thousand souls, and the harbor being open three months earlier in the spring than the other Black Sea ports, and three great fairs being held there every year, vast numbers of merchants from all parts of Russia are nearly all the time collected at that city. Two hundred miles north of Taganrog is the important city of Kharkoff, and still farther north, on the direct route to Moscow, are the cities of Kovrsk and Toula, to and through which the trade is enormous.

Its malignancy is very variously represented. At the Paris Academy of Medicine, recently, the following statistical statement as to the mortality in Russia was laid before the Academy.

From the 29th of August, 1870, to the 31st of July, 1871—

	Males.	Females.	Total.
Cases .....	4,568	2,249	6,817
Cures .....	2,346	1,196	3,542
Deaths .....	1,938	859	2,797

During the debate M. DELPECHE remarked that an epidemic which had lasted more than a year could not be considered as ephemeral or slight. But, on the other hand, it could not be considered very alarming when, during

the lapse of that period, it only caused 2,797 deaths—that is less than 10 *per diem* on an average.

The female cases were barely a third of those occurring in males, either in respect of frequency or mortality.

Other writers report a much larger proportion of deaths, and certainly in Königsberg this has been the case.

## Notes and Comments.

### Cruelty of Physiological Experiments.

A few months ago we made some editorial remarks on this subject. Our readers will be pleased to learn that a committee consisting of ten individuals having been appointed at the last meeting of the British Association, held at Liverpool, to consider the subject of physiological experimentation, in accordance with a resolution of the General Committee, the following report was drawn up and signed by seven members of the committee:

"1. No experiment which can be performed under the influence of an anæsthetic ought to be done without it. 2. No painful experiment is justifiable for the mere purpose of illustrating a law or fact already demonstrated. In other words, experimentation without the employment of anæsthetics is not a fitting exhibition for teaching purposes. 3. Whenever, for the investigation of new truth, it is necessary to make a painful experiment, every effort should be made to ensure success in order that the suffering inflicted may not be wasted. For this reason no painful experiment ought to be performed by any unskilled person with insufficient instruments and assistance, or in places not suitable for the purpose—that is to say, anywhere except in physiological laboratories under proper regulations. 4. In the scientific preparation for veterinary practice, operations ought not to be performed upon living animals for the mere purpose of obtaining greater operative dexterity."

### New Solvent for Metals.

Professor Seely, writing to the *American Journal of Applied Chemistry*, claims to have made the discovery that anhydrous liquid ammonia has a solvent power upon certain metals, and he has actually succeeded in obtain-

ing a solution of sodium in this liquid. The solution presents all the physical characteristics of a true solution. On evaporation, the sodium is gradually restored to the metallic state, in the same continuous manner in which the solution has been effected. The color of the solution is a very intense blue.

#### A Double Wrong

In some English calico mills sizing, including China clay, is laid on the warps to the extent of 40, 60, and even 100 per cent. Before the American war the percentage was 20, and ingredients, believed to be poisonous are used to make the China clay adhere to the warps. To prevent the warps breaking, through the dryness of the atmosphere, it is necessary to close the ventilators in the weaving sheds, and, through the closing of the ventilators, the weavers are compelled to inhale the dust of the China clay that rises from the warps, mixed with the poisonous ingredients. Working in these sheds, they suffer from excessive heat and thirst, and are greatly distressed, especially in summer, when they are frequently compelled to leave their work to breathe the fresh air outside. The inhalation of this dust causes difficulty of respiration, loss of appetite, bronchitis and consumption.

#### Another Philadelphia Degree.

An apology appears in the columns of the *British Medical Journal*, from James Dore Blake, of Taunton, practicing as a doctor of homœopathic medicine, by virtue of a degree in medicine granted by the Pennsylvania College of Homœopathic Medicine in Philadelphia, for having, contrary to, and in breach of, the lunacy acts, unlawfully signed a certificate for the admission of a lunatic into a house licensed for the reception of lunatics, he not being a physician, surgeon, or apothecary, registered under the medical act.

#### Temperance Medicines.

The Islington (London) Guardians, through their chairman, disapprove of tinctures being ordered by their doctors and supplied to their dispensaries, on the ground that they lead to habits of intemperance.

#### Spermatorrhea.

M. Liègeols, of Paris, says that all healthy men of all ages have spermatozooids in their

semen, although in old persons acute chronic diseases seem frequently to make them disappear. Double orchitis when from gonorrhœa almost always causes azoospermia, and syphilitic orchitis often does so. Spermatorrhœa, as a rule, does not modify the spermatic secretion. Quinine is, according to Mr. Milton, of great use in spermatorrhea in some cases. Tincture of sesquichloride of iron also at first in doses of twenty or thirty minims twice a day. Many persons can take a drachm and a half thrice a day.

#### Baptism in Utero.

It is well for physicians to be prepared to perform this rite when the family wish it. The following instructions are given by Dr. O'Reilly, in the *Medical Press and Circular*:

"I always, when I suspect, for clear reasons, there is danger to the infant's life, give private baptism as a conditional rite if the child be alive; since if it be dead, that condition is *ipso facto* prohibited; in the former case the weightier responsibility rests on the medical attendant, for in the latter it matters little, *ceteris paribus* how the woman is delivered. The safest and easiest manner the best. But in this state also the medical practitioner may have neglected the p'ain duty of lay baptism, and if so he has no remedy left him. It is well to baptize the foot or hand. Water can be applied to the head with tow, or sponge, or what is the best, the nozzle of a syringe can, with the index and middle finger of the left hand, be applied to the head (in utero, or in transitu), while the operator holds the instrument in the right hand. In this way a good stream of water can be directly applied to the infant's head."

#### Hypodermic Use of Ergot.

In the *Wiener Medicinische Wochenschrift*, Dr. VON SWIDERS strongly recommends subcutaneous injection of ergot in uterine affections, especially chronic metritis and metrorrhagia. Severe bearing-down pains are said to be often produced, coming on in from a-half to one hour. His formulæ are, where a rapid effect is desired: Aqueous extract of ergot, 2·5 parts; rectified spirits and glycerine, each 7·5 parts; Aqueous extract of ergo, 2 parts; rectified spirits, 5; glycerine, 10 parts. Where a slower and slighter action is desired: aque-

ous extract of ergot, rectified spirits, each 2.5 parts; glycerine, 12.5 parts; distilled water, 4.5; glycerine, 3 parts.

#### Poisonous Silk Gloves and Socks.

Dr. THOMPSON DICKSON, writing to a London paper, says: "On Saturday, a patient called upon me and exhibited her hands covered with very irritable blebs or blisters, and, after minute examination and questioning for the cause, she told me that during the week she purchased in Marylebone a new pair of silk gloves for two shillings; had worn them during a journey to Manchester and back, and that her hands had borne these vesications ever since. She wore the left glove more constantly than the right, and the left hand was consequently more affected than the right. I desired her to bring the gloves to me, and I found that they were of good quality spun silk, dyed of a light brown color—the dye apparently being an aniline dye of coal-tar origin. Spun silk takes the bright color made from aniline very well, but the use of articles so dyed is dangerous. In the Museum of the College of Surgeons, London, are preserved some brightly-dyed children's socks, which gave rise to a similar affection on the feet of a child."

#### Result of Examinations in Pharmacy in New York.

A correspondent of the *Inquirer*, of this city, writing from New York, says:

"The reports of the Board of Pharmacy show that, out of two hundred and fifty druggists and one hundred and ninety clerks examined by the commissioners, sixty druggists and eighty-one clerks failed to give sufficient proof of the qualifications necessary, and were rejected. It is the intention of the board to hold meetings only twice a week for the next six weeks, in order to give the clerks who are not far enough advanced an opportunity to attend either the lectures at the College of Pharmacy or the lectures by Dr. DOREMUS, at Bellevue, on chemistry and poisons. The majority of the leading druggists in the city have been examined, and the result shows that a large number of both druggists and clerks could not read the Latin prescriptions."

#### Health of Staten Island.

Dr. A. SATTERTHWAITE, of the north shore of Staten Island, writes that our com-

ments in a recent number on the unhealthfulness of that island are unfounded, so far as the north shore is concerned—that "no more people leave here than is usual to any place;" that "chills and fever do not prevail here any more than in other suburban places," etc.

We do not know precisely how much "other suburban places" suffer, but we do know that residents of that island have told us its health is progressively deteriorating, and that some of the finest country places there are deserted very early in the autumn, indeed, on the appearance of the first chilly evenings, for fear of malaria.

#### Charcoal as a Dentifrice.

Pulverized charcoal makes an excellent dentifrice, but it should not be applied with a brush. A small quantity should be rubbed gently with the finger on and around the teeth on retiring at night, and not removed. This not only keeps the teeth clean and pure, but has an excellent effect on the stomach, when that organ is disordered.

#### Interesting Discovery.

The Paris Academy of Science has discovered that the chloride contained in salt water is the essential element for sea fish and the poisonous agent toward fresh-water fish. M. DE BERT removed these chlorides from seawater and found that river fish lived in it, and salt-water animals died.

## Correspondence.

### DOMESTIC.

#### Effect of Tobacco on the Fetus.

EDS. MED. AND SURG. REPORTER:

On the night of September 1, of the present year, I was called to attend Mrs. G—, in confinement. Upon arrival, I found her in pretty active labor, and, by examination, ascertained that dilatation was complete, an ample pelvis, and the head presenting in the second position of the occiput. The pains were efficient, and no deviation from the usual character was observed, saving that the efforts were, apparently, more voluntary than usual, and the suffering seemed very trivial. Incidentally, I may remark that a very strong odor of tobacco smoke was emitted from the bed clothing and from the person of the patient.

The case progressed rapidly, and in less than an hour she was delivered of a well-de-

veloped child, but nearly lifeless. The funis was ligated and severed, and the child taken to an adjoining room, where I tried faithfully the warm bath, alternating with the cold douche, with no other result than that of temporarily improving the respiration. The heart sounds were perfectly distinct and normal in character, but the contractions were separated by too long an interval. In the meantime I returned to the lying-in room to inform the mother of the probable results, and found her in a half-sitting posture, enjoying a pipe of the strongest tobacco. My efforts with the child were fruitless, and it expired in less than two hours. Upon inquiry I learned that this was the third labor, and in neither case had the child survived longer than two hours.

Is the excessive use of tobacco, in the way of smoking during utero-gestation, prejudicial to the life of the child?

P. W. PAYNE, M. D.

Franklin, Ind., Sept. 9, 1871.

[We remember to have heard the eminent MAJOR state that he had delivered operatives in the tobacco factories in whom the waters had a distinct odor of tobacco; but he did not mention any excess of still-births in that class. If such were the case, it would hardly have escaped his observation.—EDS. REPORTER.]

### Three Old Cases of Gleet Treated with an Old Remedy.

EDS. MED. AND SURG. REPORTER:

CASE I.—T. McL., had gleet for four years, which resisted the prescriptions of many physicians. I anointed a medium sized bougie with ung. hyd. mit. (lard and mercurial ointment—half and half,) and pushed it down his urethra to the bulb. It was left *in situ* eight or ten minutes, and rotated about a half dozen times to rid it of the ointment, and *stir up* the old sore. A moderate inflammation and increased flow was developed, which was treated by rest and a saline laxative only, and the complaint disappeared. This treatment was instituted early in the summer. The patient was a journeyman bricklayer, who left my neighborhood when the season's work was over, up to which time he had no more "show."

CASE II.—J. O., manager of a nail manufactory, had a stubborn gleet for some years which was rebellious to medication. Finally a quack suggested that the stimulus of occasional cotton might help him, and recommended him to marry, which insane advice he followed, but to his horror and mortification the discharge increased. The mental anguish from fear his refined companion would discover his shame so affected him, that his friends believed he had gone into a hopeless decline. In this state he became my patient.

As a preliminary, his wife was persuaded

that her friends in Pittsburg would be happy to entertain her for a few months.

The coast having been cleared, the mercurialized bougie was employed, as in the first case.

The resulting inflammation was moderate and the flow not much increased. A repetition of the treatment in a week and rest, sufficed to abate the discharge.

He was instructed, in case there should be any cork-screw streamlets during micturition or after-dribbling, indicating stricture or coeca, to use very cautiously a No. 9, sweet-oiled, elastic bougie, once or more every week or two, for which, however, he had no occasion.

Now (after two years deliverance), the recovery of pounds of flesh, and wonted spirits have added a thousand measures to his wedded happiness, and invoked as many blessings upon the doctor. How few such cases are found in the desert of professional life!

CASE III.—(From my note book.) March 12, 1870, W. S.'s tale runs thus: During the late unpleasantness he was a captain of infantry, and contracted gonorrhoea. Campaign duty forbade him rest—that chief element in the management of blennorrhagia—so that at the final muster out there was one dishonorable little matter in his discharge, and that was gleet. For that, many remedies were employed, one of which was a severe blistering of his disloyal privates by cantharidal collodion. Even injections failed of effectual subjugation.

Intercurrently, he and a very estimable young lady exchanged hearts, but, as he thought upon joining hands, his conscience cried that it would not be right to

"Come where his love lay sleeping,"

until he was cured of his complaint.

The mercurially-anointed bougie was introduced (*propter hoc*) as in the other cases.

In a day his organ required hourly-renewed hop and cornmeal poultices, and he was given internally a tablespoonful every four hours of a mixture of

R. Potasse bitartrat  
Flor. sulph.

3j. M.

until free purgation ensued (he had hemorrhoids, which suggested sulphur), and afterward a *q. s. pro re nata* to keep the bowel contents soluble.

A ten days' course of light diet and lax bowels, and rest, cured him. He was to look out for stricture, as in case II., but escaped it also.

If the sore from which the gleet comes is beyond the bulb, the bougie must be made to reach it of course.

A metallic bougie, in case of stricture, is probably a better instrument in the hands of the surgeon, but the unskilled patient is less likely to harm himself with a flexible one.

Why did I select the mild, blue ointment to smear the bougie? I thought, perhaps, that preparation would act as an aplastic



stimulant: that is to say, I thought screwing the instrument around in the urethra would excite a laudable inflammation instead of the chronic urethritis, while the mercury it left behind, might so qualify the fibro-plastic element in the increased secretions as to prevent the deposition of enough cicatricial tissue to produce a troublesome stricture.

A. R. FINCK, M. D.

722 Pine street, Philadelphia.

## NEWS AND MISCELLANY.

### Geneva Medical College.

A deputation from the Geneva Medical College, consisting of Prof. TOLLER, Dean of the Faculty, and Prof. HYDE, appeared before the Board of Trustees of Syracuse University, at their late meeting, and proposed the transfer of the Geneva Medical College, now connected with Hobart College at Geneva, to the Syracuse University, for the purpose of organizing its College of Medicine immediately. They propose to convey to the Syracuse University the library, museum and apparatus of the Geneva Medical College, and report that its large and highly respectable list of alumni heartily approve the movement, and will follow their Alma Mater to her new wedding and home with their warmest sympathy and support.

The Board of the University appointed a committee, consisting of Judge Comstock, Dr. Porter, M.D., Rev. G. L. Taylor, Rev. J. T. Peck, D.D., and Judge Andrews, to confer with the representatives of the Geneva Medical College, and to report to the Board at its next session (December 4.) for its consideration such plans as they may jointly devise for the establishment of the College of Medicine of the Syracuse University, and to nominate a faculty for the same. The rights of women to instruction in the College of Medicine as well as any other, are secured by the charter of the University, and the Board and its Committee will consent to the organization of no medical college which shall not provide chairs for any school of medical science the age may demand.

### Giant Skeletons.

J. N. JOHNSON, M. D. communicates to the Hamilton (Ontario) *Spectator* an account of some of the wonderful skeletons found in a grave or jar near Cayuga. He says: "The size of some of the bones is truly wonderful, indicating a race of giants in the past. The grave, when first opened, is supposed to have contained about two hundred skeletons, many of their bones quite perfect. I found several bones which I am confident would have given, had the skeleton been perfect, a measurement of over seven feet. The grave has been crossed by the roots of a large tree, which stands in close proximity to it, going to prove

somewhat of its antiquity. Found in the grave were shells of large size, pipes, axes and beads of different patterns, all of which can still be seen on the premises. There are indications of many more such graves on the farm as the one already found, and there is no doubt but that more will ere long be opened."

### Beautiful Chemical Experiment.

The following beautiful chemical experiment may be easily performed by a lady, to the great astonishment of a circle at her tea-party. Take two or three leaves of red cabbage, cut them into small bits, put them into a basin, and pour a pint of boiling water on them: let it stand an hour, then pour off the liquor into a decanter. It will be of a fine blue color. Then take four wine-glasses; into one put six drops of strong vinegar, into another six drops of solution of soda, into a third the same quantity of a strong solution of alum, and let the fourth glass remain empty. The glasses may be prepared some time before, and the few drops of colorless liquids which have been placed in them will not be noticed. Fill up the glasses from the decanter, and the liquid poured into the glass containing the acid will quickly become a beautiful red, that in the glass containing the soda will be a fine green, that poured into the empty one will remain unchanged. By adding a little vinegar to the green it will immediately change to a red, and on adding a little solution of soda to the red it will assume a fine green, thus showing the action of acids and alkalis on vegetable blues.

### Hard vs. Soft Water.

Dr. LETHBY, at a recent meeting of the medical officers of health of Great Britain, took occasion to renew his statement of the superiority, in a sanitary point of view, of a hard-water supply to towns over that of soft-water. Basing his arguments first upon physiological considerations, he maintained that the earthy matters in the hard waters were essential for the construction of the osseous tissues, and that they supplied much of the calcareous salts necessary for the nutrition of the frame, and that, by repudiating their use, we should be throwing away one provision of nature for this purpose. No one could say that a hard water was not far more agreeable to drink than a soft water. He maintained, in the second place, that the finest specimens of the English race were to be found in regions where the waters were hard, from flowing out of, or over calcareous strata. The same was the case with cattle and horses; witness those reared in such counties as Durham and Leicester, and the horses of Flanders, while the Shetlands only produced a race of ponies.

But his principal argument was that, on classifying the towns of England so far as

their water supply was known, according to the degrees of hardness of the waters, the average of the death rate was least in those to wms supplied with hard water, and increased as the waters became softer and softer, until it was highest in those where the water supplied was most soft. These statements, however, were met with much vigor by several speakers, among the most eminent of whom was Mr. Wanklyn, who endeavored to show that the deductions of Dr. L. they were based upon incorrect premises, and that the case was very far from being proved.

#### The Nature of Different Gums.

Dr. SAAC, of Neuenberg, Switzerland, has made an extensive inquiry into the nature of different resins, with the following results. The resins spoken of are copal, amber, dammar, common resin, shellac, elemi, sandarach, mastic, and Caramba wax. All these resins can be reduced to powder.

The following will become pasty before melting: Amber, shellac, elemi, sandarach, and mastic. The others will become liquid at once.

In boiling water Caramba wax will melt; common resin will form a semi-fluid mass; dammar, shellac, elemi, and mastic, will become sticky; while copal, amber, and sandarach will remain unchanged.

Dammar and amber do not dissolve in alcohol; copal becomes pasty; elemi and Caramba wax dissolve with difficulty; while resin, shellac, sandarach, and mastic, dissolve easily.

Acetic acid makes common resin swell; on all the others it has no effect.

Caustic soda dissolves shellac readily, resin partly, but has no influence on the others.

Amber and shellac do not dissolve in sulphide of carbon; copal becomes soft and expands; elemi, sandarach, mastic and Caramba wax dissolve slowly; while resin and dammar dissolve easily.

Oil of turpentine dissolves neither amber nor shellac, but swells copal, dissolves dammar, resin, elemi, sandarach, and Caramba wax easily; and mastic very easily.

Boiling linseed oil has no effect on copal, amber and Caramba wax; shellac, elemi, and sandarach dissolve in it slowly, while dammar, resin and mastic dissolve easily.

Benzol does not dissolve copal, amber and shellac, but does elemi, and sandarach to a limited extent, and Caramba wax more easily; while dammar, resin and mastic offer no difficulty.

Petroleum ether has no effect on copal, amber, and shellac; it is a poor solvent for resin, elemi, sandarach, and Caramba wax, and a good one for dammar and mastic.

Concentrated sulphuric acid is indifferent to Caramba wax; it dissolves all resins, imparting to them a dark brown color, excepting dammar, which takes a brilliant red tint.

Nitric acid imparts to Caramba wax a straw

color; to elemi, a dirty yellow; to mastic and sandarach, a light brown; it does not affect the others.

Ammonia is indifferent to amber, dammar, shellac, elemi and Caramba wax; copal, sandarach and mastic become soft, and finally dissolve; while re-in will dissolve at once.

It is not difficult, by means of these reactions, to test different resins for their purity.

—It has gone the round of the medical press that the instantaneous application of carbolic acid and spirits of wine, in the proportions of two of the former to one of the latter, is a cure for the bite of venomous snakes.

—Haviland's "Geography of Disease," has been complimented by the Emperor Napoleon in a special letter, his Majesty at the same time subscribing to the work.

—Dr. W. J. Youmans, formerly a pupil of Prof. Huxley, is the scientific editor of the *Galaxy*.

—Dr. CYRUS KNAPP, of Chicago, died suddenly, in Malden, Mass., on Sunday, of paralysis of the heart.

#### WORDS OF ENCOURAGEMENT.

Dr. D. A. H. Penn's.—"Would not be without the Reporter, did it cost twice as much."

#### MARRIED.

BLACKWELL—BLACKWELL. In New York City, August 3d, by Rev. S. Ireneus Prime, Dr. Thos Blackwell, of North Branch, N. J., and Miss Sophia S., daughter of A. D. Blackwell, of Camden, N. J.

CLARK—CLARK. Sept. 28th, by Rev. W. Herbert Norris, of Woodbury, N. J., Mr. E. Bradford Clarke, of this city, and Miss Ada L., daughter of Dr. Charles F. Clark, of Camden, formerly of Woodbury, N. J.

EASTON—REED. Aug. 15th, by Rev. J. M. Smith, at Highlands Parsonage, Dr. A. Easton and Miss Ida L., daughter of W. A. Reed, Esq., of Alleghany City, Pa.

HENGST—GRAHAM. Sept. 20th, by Rev. S. M. Pearce, D. Alfred Hengst M. D., of Margaretta, Penn'a., and Miss H. Lillie Graham, only daughter of Col. R. M. Graham, of Grahamville, Pa.

HATHAWAY—WILSON. In Lincoln, Maine, Aug. 20th, by Rev. M. D. Mathews, Dr. J. R. Hathaway, of Winn, and Clara Wilson, of Lincoln, Maine.

PINKHAM—REED. At Sheepscott Bridge, Maine, by Rev. G. G. Winslow, in the Methodist Episcopal Church, September 17, Dr. Frank Pinkham, of Boston, Mass., and Miss Medora F. Reed, of Alna, Me.

#### DIED.

WELLS.—On the 15th of August 1871, at his residence, near Charlestown, Pa., Dr. John Wells, of typhus fever, aged 43 years and 15 days.

HUGHES.—At Sunbury, Pa., September 30, in the 9th year of his age, B. Raymond, son of I. W. Hughes, M. D., of this city.

WRIGHT.—At Germantown, in this city, Sept. 30, Mrs. Frances F. Wright, relict of the late Orrin Wright, M. D., of Pittsfield, Mass., aged 75 years.

STANTON.—In Stonington, Ct., of cholera infantum, on the 8th of Sept., 1871, Samuel, a twin son of Dr. George D. and the late M. Louise Stanton, aged 6 months and 15 days.